

10/537858

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4						
5						
6						
7						
8						
9						
10						
11						
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14						
15						
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23						
24						
25						
26						
27						
28						
29	1		1			
30						
31						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49			1			
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						